

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	RECEIVED U.S. MARSHAL	COURT CASE NUMBER 09 CR 330
DEFENDANT JERMAINE SMITH	10 OCT 12 AM 10:44	TYPE OF PROCESS PUBLICATION/ PRELIMINARY ORDER OF FORFEITURE
N. DIST. OF ILL.		
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN \$78,571 UNITED STATES CURRENCY	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) C/O FEDERAL BUREAU OF INVESTIGATION 2111 WEST ROOSEVELT ROAD, CHICAGO, ILLINOIS 60608	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
PATRICK J. FITZGERALD, UNITED STATES ATTORNEY UNITED STATES ATTORNEY'S OFFICE 219 SOUTH DEARBORN, ROOM 500 CHICAGO, ILLINOIS 60604 ATTENTION: MATT MADDEN, AUSA	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

PERSONAL SERVICE IS REQUIRED.
09-FBI-003774

PREPARED BY: K. ELLIS

Signature of Attorney or other Originator requesting service on behalf of: MATT MADDEN, AUSA	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (312) 353-5300	DATE 10/8/10
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above) Kerianne Dugard Receptionist SSC				<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service 10/26/2010	Time 9:47 ^{am} _{pm}
				Signature of U.S. Marshal or Deputy F. Newell 4004	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or
					Amount or Refund

REMARKS:

1 - DUSM
1 - HR
8 - Miles Round Trip

FILED

NOV 05 2010
NOV 05 2010
MICHAEL W. DOBINS
CLERK, U.S. DISTRICT COURTPRIOR EDITIONS MAY
BE USED

SEND ORIGINAL + 2 COPIES to USMS.

FORM USM 285 (Rev. 12/15/80)

1. CLERK OF COURT 2. USMS Record 3. Notice of Service 4. Billing Statement 5. Acknowledgment of Receipt